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UNITED STATES SEGURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

143	365	90
OME	3 APPRO	V AL
OMB Nun	nber:	3235-0076
Expires: Estimated	May 3	1.2008
Estimated	average	burden
hours per	response	16.00

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	CEO -
Membership interest in 06 Pure Prize/Gloria's Gold, LLC	Mod Assessed
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE Wall Presessing Section
A. BASIC IDENTIFICATION DATA	MAY 27 7008
1. Enter the information requested about the issuer	N
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) O6 Pure Prize/Gloria's Gold, LLC	Washington, DC 104
Address of Executive Offices (Number and Street, City, State, Zip Code) 800 Arbor Drive North, Louisville, KY 40223	Telephone Number (Including Area Code) (502) 245-4293
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) PROCESSED	Telephone Number (Including Area Code)
Brief Description of Business	
Racehorse management JUN 0 2 2008	
Type of Business Organization corporation	olease specify): Limited Lability Company
Month Year Actual or Estimated Date of Incorporation or Organization: O3 O8 Actual Estir Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated:

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			, A. BASIC IDI	ENTIFICATION DATA			
2. E	nter the information	requested for the fo	llowing:				
•	Each promoter o	f the issuer, if the is	suer has been organized w	vithin the past five years;			
•	Each beneficial of	wner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	of a class of equity securities of the iss	suer.
•	Each executive of	fficer and director o	f corporate issuers and of	corporate general and mai	naging partners of	f partnership issuers; and	
•	Each general and	l managing partner o	of partnership issuers.				
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full No	ame (Last name first	if individual)					
	Point Thoroughbr	•					
Busine	_	ress (Number and	Street, City, State, Zip Corel, NJ 08054	ode)			
	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Na	ame (Last name first	, if individual)					
Busine	ess or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			<u></u>
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Na	ame (Last name first	, if individual)					
Busine	ss or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Na	ame (Last name first	, if individual)					
Busine	ss or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Na	ame (Last name first	, if individual)	· · · · · · · · · · · · · · · · · · ·		···········		
Busine	ss or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Na	ame (Last name first	, if individual)	***************************************	······································			
Busine	ss or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Na	ame (Last name first	, if individual)					
Busine	ss or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)			
		(Use bla	nk sheet, or conv and use	additional conies of this s	heet as necessary	υ λ	

						В. П	NFORMAT	ON ABOU	T OFFERI	NG				
)	1.	Has the	issuer solo	l, or does tl	ne issuer in	itend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No
′							Appendix.		-				s 4,8	15.00
	2.	What is the minimum investment that will be accepted from any individual?						\$Yes	No					
	3.	Does the	e offering	permit join	t ownershi	p of a sing	le unit?			***************************************			r es	
•	4.	commiss If a pers or states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	colicitation rson or age caler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec i with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state ons of such		
Ī		Name (l	last name	first, if ind	ividual)									
i	n/a Business or Residence Address (Number and Street, City, State, Zip Code)													
;	Nam	ne of Ass	ociated B	oker or De	aler									· -
							,							
				Listed Has or check									[] Al:	l States
		AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
) 1	Full	Name (l	Last name	first, if ind	ividual)									
į	Business or Residence Address (Number and Street, City, State, Zip Code)													
Ī	Name of Associated Broker or Dealer													
:				Listed Has							·			
		(Check	"All States	or check	individual	States)	•••••	•••••••••••	••••••	***************************************		•••••	□ VII	States
		AL IL MT RI	IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
ĺ	Full	Name (I	ast name	first, if ind	ividual)		***************************************							
Ī	Busi	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
į	Nam	c of Ass	ociated Bi	oker or De	aler									
;	State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers	· · · · · · · · · · · · · · · · · · ·					
				or check							•••••		☐ All	States
)		AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged. Type of Security	Aggregate	Amount Already Sold
		Offering Price	
	Debt		
	Equity	s	s
	Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify LLC Interests)		
	Total	<u>s_214,000.00</u>	\$_9,630.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggragata
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	s 9,630.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	<u></u>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	· · · · · · · · · · · · · · · · · · ·	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	-	\$
	Other Expenses (identify) State filing fees		\$ 4,000.00
	Total	_	s 4,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C —			242 222 22
	proceeds to the issuer."	-	-	\$_210,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an the payments listed must equal the a	estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ _	s
	Purchase of real estate		\$	s
	Purchase, rental or leasing and installation of macand equipment		\bigs	П\$
	Construction or leasing of plant buildings and fac		—	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		□\$
	Repayment of indebtedness	<u> </u>		
	Working capital		s	
	Other (specify): Purchase of 06 Pure Prize/Glo	✓ \$_167,000.00	\$	
	Pre-paid training, care and maintenance for the	horse in 2008		s
	Column Totals	\$ 210,000.00	s_0.00_	
	Total Payments Listed (column totals added)			10,000.00
		D. FEDERAL SIGNATURE		
się	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Excha	ange Commission, upon writte	
lss	ouer (Print or Type)	Signatur	Date	
00	Pure Prize/Gloria's Gold, LLC	1	5/19/08	
N	nme of Signer (Print or Type)	Title of Signer (Print or Type)		
Jo:	shua A. Cooper, CPA	Chief Operating Officer - West Po	oint Thoroughbreds, Inc Ma	nager

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)